

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(181)

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

02753

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Fairmount Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Gwendolyn

## 3. (b) Social Security Number

Askins

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov 18 1945

8. (c) If alive, give age

8. AGE: Years Months Days If less than one day

1 4 10 hrs. min.

9. Birthplace

Cambridge Dor. Co. Md  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

Hermit Askins

13. Birthplace

Cambridge Dor. Co. Md.

14. Maiden name

Evelyn Keene

15. Birthplace

Cambridge Dor. Co. Md

16. Informant

Hermit Askins

Address

Cambridge, Dor. Co. Md

17. Burial

East New Market

Location

East New Market, Md

18. Funeral director

W. M. Morris & Son

Address

Cambridge Md.

19. (Date rec'd by registrar)

3/30 1947

Registrar

John Mawje

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1947 at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19th 1947 to March 28 1947and that I last saw him alive on March 28 1947

Immediate cause of death

ConvulsionDue to First and Second DegreeBurns of one-half of bodyDue to Accidental BurnsCut.Other conditions Bucket of scalding water fellon baby.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of March 19th 1947Where did injury occur? Cambridge Dorchester Maryland  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) at homeMeans of injury Accidental Burns Injured at work?John B. Meredith, M.D.23. SIGNATURE John B. Meredith M.D. or otherAddress Cambridge Md Hospital Date signed 3-28-47

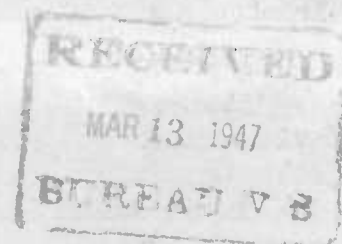
CERTIFICATE OF VITAL STATISTICS

DATE OF BIRTH 1917

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APR 2 1917  
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 931

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

02755

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

238 Race Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town East New Market, RFD  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Robert Cardwell

### 3. (b) Social Security Number

?

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

not known

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

1882

8. AGE:

Years

Months

Days

If less than one day

65

hrs. min.

9. Birthplace

not known

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Construction general

FATHER

12. Name

not known

13. Birthplace

II

MOTHER

14. Maiden name

II

15. Birthplace

16. Informant

Mrs. Mattie Merrick

Address

Cambridge, Md.

17.

burial

(Burial, cremation, or removal. Which?)

Date thereof

3/26/47.

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Md.

18. Funeral director

Le Compte Funeral Service

Address

Cambridge, Md.

19.

3/25/47  
(Date rec'd by registrar)

19.

47

John Merrick  
Registrar

22. SIGNATURE

Address

James H. Thompson, M.D.  
M. D. or other

Date signed \_\_\_\_\_

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 19 47 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 1947 19 \_\_\_\_\_ to Mar. 1947 19 \_\_\_\_\_

and that I last saw him alive on Mar. 22 19 \_\_\_\_\_

Immediate cause of death

Coronary Heart Failure

DURATION

1 hr.

Due to

Arterio-sclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

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MAR 27 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10-2)

## CERTIFICATE OF DEATH

02756

Reg. Dist. No. 1160

1. PLACE OF DEATH: Dorchester  
 County.....  
Cambridge  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 months  
 Hospital, institution, or street address where death occurred:  
314 High St.  
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 314 High St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war X

## 3. (a) FULL NAME

Lycurtis Cephas

## 3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced single  
 6.(b) Name of husband or wife X  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) Dec. 21, 1946  
 8. AGE: Years X Months 2 Days 11 If less than one day ..... hrs. .... min.

9. Birthplace Cambridge, Md.  
 (Town, county, and state)  
 10. Usual occupation none  
 11. Industry or business X  
 12. Name Harry Jackson  
 13. Birthplace Maryland  
 14. Maiden name Dorothy Cephas  
 15. Birthplace Maryland

16. Informant Dorothy Cephas  
 Address 314 High St. Cambridge, Md.

17. Burial Date thereof Mar. 3, '47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Stoughton  
 Location Cambridge, Md.

18. Funeral director H. M. S. S. & Son  
 Address Cambridge, Md.

19. 3/31/47 Registrar John M. Mag...  
 (Data rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 19 47 at 8-30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
X 19..... to X 19.....  
 and that I last saw him alive on X 19.....

Immediate cause of death Bronchitis (Acute)  
 DURATION 1 wk.

Due to X

Due to X

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Shriver, Prof. Med. Exam.  
 M. D. or other

Address Cambridge, Md. Date signed Mar. 2/47



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

02757

Reg. Dist. No. 116

<b>1. PLACE OF DEATH</b> County <u>Dorchester</u> City or town <u>Cambridge Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>4 yrs.</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>215 Myers St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war									
<b>3. (a) FULL NAME</b> <u>Mary Ann Aphon</u>		<b>3. (b) Social Security Number</b>									
<b>4. Sex</b> <u>female</u>	<b>5. Color or race</b> <u>white</u>	<b>6. (a) Single, married, widowed, or divorced</b> <u>married</u>									
<b>6. (b) Name of husband or wife</b> <u>Permal Aphon</u>		<b>6. (c) If alive, give age</b> <u>26</u> years									
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>June 29, 1902</u>											
<b>8. AGE:</b> <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>It less than one day</td> </tr> <tr> <td><u>24</u></td> <td><u>8</u></td> <td><u>17</u></td> <td>hrs. min.</td> </tr> </table>				Years	Months	Days	It less than one day	<u>24</u>	<u>8</u>	<u>17</u>	hrs. min.
Years	Months	Days	It less than one day								
<u>24</u>	<u>8</u>	<u>17</u>	hrs. min.								
<b>9. Birthplace</b> <u>Dorchester County Maryland</u> (Town, county and state)											
<b>10. Usual occupation</b> <u>Domestic</u>											
<b>11. Industry or business</b>											
<b>FATHER</b>											
<b>12. Name</b> <u>Surge Thompson</u>											
<b>13. Birthplace</b> <u>Dorchester W. Md.</u>											
<b>MOTHER</b>											
<b>14. Maiden name</b> <u>Margaret Rose</u>											
<b>15. Birthplace</b> <u>Church Creek Md.</u>											
<b>16. Informant</b> <u>Margaret Rose</u> Address <u>215 Myers Street</u>											
<b>17. (Burial, cremation, or removal) Which?</b> <u>Burial</u> Date thereof <u>3-18-47</u> (month) (day) (year) Cemetery or crematory <u>Church Creek Cemetery</u> Location <u>Church Creek Md.</u> Rev. J. H. Bayname											
<b>18. Funeral director</b> <u>John Macego</u> Address <u>201 Washington St. Cambridge</u>											
<b>19. (Date rec'd by registrar)</b> <u>3/18/47</u> Registrar											
<b>MEDICAL CERTIFICATION</b>											
<b>20. DATE OF DEATH</b> <u>March 16</u> 19 <u>47</u> at <u>8:40 am</u>											
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>March 5</u> 19 <u>47</u> <b>and that I last saw her</b> <u>March 16</u> 19 <u>47</u> <b>alive on</b>											
<b>Immediate cause of death</b> <u>Pulmonary T. B.</u>											
<b>Other conditions</b> <u>Septic sore throat</u>											
<b>Major findings of operations</b>											
<b>Autopsy results</b>											
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>											
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide... Date of... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?											
<b>23. SIGNATURE</b> <u>Carroll M. T. Clear M.D.</u> Address <u>Penn. &amp; Cedar Sts.</u> Date signed <u>3-17-47</u>											

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MAR 19 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

## CERTIFICATE OF DEATH

02758

Reg. Dist. No. 160

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 19 months  
 Hospital, institution, or street address where death occurred:  
2 1/2 days  
 How long in hospital or institution? 2 1/2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Cumtidge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 29 Douglas Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

XANIE CHARLES

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife WILLIE LEE CHARLES  
 6. (c) If alive, give age 46 years  
 7. Birth date of deceased (mo., day, yr.) Feb. 28-1907

8. AGE: Years 39 years Months Days If less than one day  
 39 years

9. Birthplace Wilmington, South Carolina  
 (Town, county, and state)  
Laborer

10. Usual occupation

11. Industry or business None12. Name James James13. Birthplace Wilmington South Carolina14. Maiden name Laine A. RAY15. Birthplace do not know16. Informant Willie Lee CharlesAddress 29 Douglas St17. Sunday March 9, 1947 Date thereof (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory South Carolina CemeteryLocation Maryland Baptist Church S. (Cecil)18. Funeral director L. H. BeemanAddress Cumtidge Maryland19. 3/4/47 (Date rec'd by registrar)Registrar John M. Smith

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 19 47 at 11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 28 19 47 to March 2 19 47and that I last saw her alive on March 2 19 47

Immediate cause of death

DURATION

Hypertensive cardio-vascular condition

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

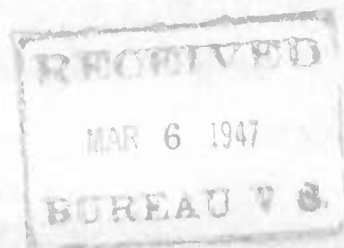
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE L. O. Hewitt, M.D. M. D. or otherAddress Cumtidge, Maryland Date signed March 4, 1947



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.

02759

1160

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

High Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. High Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William R Chase

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced MarriedName of husband or wife Minnie Chase6. (b) Name of husband or wife Minnie Chase  
6. (c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) March 4 - 18808. AGE: Years 66 Months 11 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Wraw Bridge  
(Town, county, and state)10. Usual occupation Lab-aler11. Industry or business Melcheneest12. Name Robert Chase13. Birthplace Wraw Bridge14. Maiden name Sarah Hollies15. Birthplace Wraw Bridge16. Informant Minnie ChaseAddress Cambridge17. Wough Cape Date thereof 3/14/47  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Cambridge Md18. Funeral director Leish H BaynerAddress Cambridge Md19. 3/13/1947 John Mays  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1947 at 9:59 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11, 1947 to March 11, 1947  
and that I last saw him alive on March 11, 1947Immediate cause of death uremia  
Arteriosclerotic nephritis DURATION 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lawrence Mangano M. D. or other \_\_\_\_\_Address 136 Race St. Date signed March 13, 1947  
Cambridge, Md.

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MAR 18 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 136

02760

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Toddville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? lifetime  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Toddville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Charles Henry Cheesman

## 3. (b) Social Security Number

none

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>widowed</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Angeline Todd Cheesman  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 9/1/1870  
 8. AGE: Years 76 Months 6 Days 4 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Easton, Talbot, Md.  
 (Town, county, and state)  
 10. Usual occupation Waterman  
Seafood.  
 11. Industry or business  
 12. Name C. Henry Cheesman  
 13. Birthplace Md.  
 14. Maiden name Nor known  
 15. Birthplace

16. Informant Mrs. Carrie Scott  
 Address Toddville, Md.  
 17. burial Date thereof 3/7/47.  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Zion Churchyard  
Toddville, Md.  
 Location \_\_\_\_\_  
 18. Funeral director Le Compte Funeral Service  
 Address Cambridge, Md.

19. 3/7 1947 John M. [Signature]  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1947 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 3 1947 to March 5 1947and that I last saw him alive on March 5 1947Immediate cause of death acute myocardial infarction DURATION 5 daysDue to subcoronary infarctionmyocarditis 3 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE P. H. [Signature] M. D. or otherAddress Cambridge, Md. Date signed 3/5/47



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of  
usual residence, as  
shown on Film 8109-3/21/47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2

02761

## CERTIFICATE OF DEATH

Reg. Dist. No. 1110

## 1. PLACE OF DEATH:

County Dorchester  
City or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Andrew Clauser

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of  
deceased (mo., day, yr.)Nov 23 1869

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

774hrs.min.

9. Birthplace

Russia  
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Same

FATHER

12. Name

Andrew Clauser

13. Birthplace

Russia

MOTHER

14. Maiden name

Armi Marie

15. Birthplace

Russia

16. Informant

Mrs Andrew Clauser

Address

East New Market

17.

(Burial, cremation, or removal (Which?))

Date thereof

Mar 13 1947  
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

F.B. Kellough

Address

East New Market

19.

(Date rec'd by registrar)

Mar 131947Elizabeth C Smith  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Dorchester

City or town

East New Market  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 10

19

47

at

520 P

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 6

19

47

to

Mar 10

19

47

and that I last saw him alive on

Mar 10

19

47

Immediate cause of death

Heart disease, valvular

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

R.P. Brown M.D.

M. D. or other

Address

East New Market

Date signed

3/13/47

RECEIVED  
MAR 18 1947  
BUREAU OF

2-35

02762

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Race St.  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Race St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

James Dixon

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife -  
 6. (c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) Nov. 6, 1856.  
 8. AGE: Years 90 Months 4 Days 23 If less than one day - hrs. - min.

9. Birthplace Dorchester County, Maryland.  
 (Town, county, and state)

10. Usual occupation -11. Industry or business -12. Name Richard H. Dixon13. Birthplace Maryland14. Maiden name Elizabeth Stewart15. Birthplace Maryland16. Informant Dr. Guy SteeleAddress Cambridge, Maryland

17. Burial Date thereof Mar. 31, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. 3/31/47 20. 47  
 (Date rec'd by registrar) Registrar John M. ...

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1947, 9:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/28 1947 to 3/28 1947  
 and that I last saw him alive on 3/28-1947 1947

Immediate cause of death Central hemorrhage

DURATION

Due to advanced arteriosclerosisDue to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of -Where did injury occur? (City or town) - (County) - (State) -Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Guy SteeleM. D. or other -Address Cambridge Md.Date signed 3/31-1947

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 116 0

02763

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 29 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 307 W. 1st St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Herbert D. Dorman

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Lillian S. Smith  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Feb - 22 - 1883  
 8. AGE: Years 64 Months 0 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dyckman  
 (Town, county, and state)  
 10. Usual occupation Waterman  
 11. Industry or business John Dorman

FATHER 12. Name John Dorman  
 13. Birthplace Wisconsin Co.  
 MOTHER 14. Maiden name Mary Messick  
 15. Birthplace Wisconsin Co.  
 16. Informant Mrs. Lillian S. Dorman  
 Address \_\_\_\_\_

17. Burial Date thereof 3-6-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Dorchester Memorial Park  
 Location Cambridge Md.  
 18. Funeral director Kenneth R. Thomas  
 Address Cambridge, Md.

19. 3-6-47 John Messick  
 (Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1947 at 4:45 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1947 to March 4 1947 and that I last saw him alive on March 4 1947  
 Immediate cause of death Circulatory Collapse DURATION 2 days  
 Due to Coronary Thrombosis, acute Feb 26  
 Due to Generalized Arteriosclerosis ?  
 Other conditions Multiple Emboli 2 days  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

SIGNATURE James C. Thompson, M.D. M. D. or other \_\_\_\_\_  
 Address Cambridge, Md. Date signed May 1, 47

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MAR 8 1947  
BUREAU V S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10602

## CERTIFICATE OF DEATH

02764

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County..... Dorchester  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 2 months  
 Hospital, institution, or street address where death occurred:  
Fairground Camp  
 How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Fairground Camp  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mary Elizabeth Dorsey

## 3. (b) Social Security Number

4. Sex <u>female</u>	5. Color or race <u>colored</u>	6. (a) Single, married, widowed, or divorced <u>single</u>
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6. (b) Name of husband or wife..... X  
 7. Birth date of deceased (mo., day, yr.) Dec. 30, 1946  
 6. (c) If alive, give age..... years  
 8. AGE: Years Months Days If less than one day  
0 2 9 X hrs. X min.

9. Birthplace..... Cambridge, Md.  
 (Town, county, and state)  
 10. Usual occupation..... none  
 11. Industry or business..... X  
 12. Name..... Leo Leary  
 13. Birthplace..... Georgia  
 14. Maiden name..... Essie Dorsey  
 15. Birthplace..... Maryland

16. Informant..... Leo Leary  
 Address..... Fairground Camp. Cambridge, Md.  
 17. Saint Luke's Date thereof..... 3/11/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Saint Luke's  
 Location..... near Cambridge  
 18. Funeral director..... Leary & Leary  
 Address..... Cambridge, Md.  
 19. 3/11/47 19 47 John Maca Jr.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 9 19 47 at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
X 19....., to X 19.....  
 and that I last saw h..... alive on X 19.....

Immediate cause of death  
Bronchitis (Acute)

DURATION  
several  
days

Due to..... X  
 Due to..... X  
 Other conditions..... X

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?.....

23. SIGNATURE..... John K. Shriver, Dep. Med. Exam.  
 M. D. or other.....  
 Address..... Cambridge, Md. Date signed..... Mar. 9/47

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MAR 14 1947

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

02765

## CERTIFICATE OF DEATH

★  
Reg. Diat. No. 1166

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
RFD # 2  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD # 2  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Amanda Dunn Frazier

## 3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife Solomon J. Frazier  
Died 11/11/1946  
 6. (c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) May 4, 1855

8. AGE:	Years <u>91</u>	Months <u>10</u>	Days <u>4</u>	If less than one day <u>-</u> hrs. <u>-</u> min.
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9. Birthplace Bucktown, Dor. Co., Maryland.  
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name James Dunn13. Birthplace Maryland14. Maiden name Not Known15. Birthplace " "16. Informant Mr. Jesse FrazierAddress Cambridge, Maryland.17. Burial Date thereof Mar. 11, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 3/11 19 47  
(Date rec'd by registrar) John Mass J. md. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 19 47, at 9:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 19 47 to March 8 19 47 and that I last saw him alive on March 8 19 47Immediate cause of death Broncho pneumonia DURATION 2 daysDue to -Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

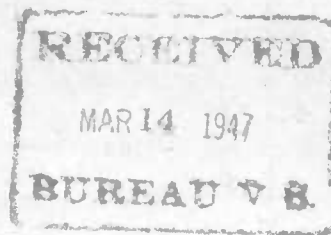
Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Lawrence Marano M. D. or otherAddress 136 Race St. Cambridge Md. Date signed 3/10/47

MARGIN RESERVED FOR BINDING

Marano

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.

02766

160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 yr., 4 months, 19 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 1 yr., 4 months, 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Worcester  
 City or town Berlin  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Johnson Hastings

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife Unknown 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Unknown  
 8. AGE: Years 64 (?) Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 9. Birthplace Unknown  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name John Johnson  
 13. Birthplace Worcester County  
 14. Maiden name Levina Mitchell  
 15. Birthplace Worcester County

16. Informant Eastern Shore State Hospital Records  
 Address Cambridge, Maryland  
 17. Burial Date thereof March 22, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Evergreen Cemetery  
 Location Berlin, Md.  
 18. Funeral director Anna A. Purbage  
 Address Berlin, Md.  
 19. 3/20/47 John Mac Jr. Md.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1947 at 12:45 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 28, 1945 to March 19, 1947  
 and that I last saw her alive on March 19, 1947

Immediate cause of death Cerebral Hemorrhage DURATION \_\_\_\_\_  
 Due to Hypertensive vascular disease \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Chronic myocarditis, myocardial degeneration  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Grace M. Branscombe M. D. or other \_\_\_\_\_  
 Address E.S.S.H., Cambridge, Md. Date signed 3/19/47

RECEIVED

MAR 24 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore 1570

## CERTIFICATE OF DEATH

02767

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 1/2 hoursHospital, institution, or street address where death occurred:  
Cambridge Maryland HospitalHow long in hospital or institution? 2 1/2 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 102 Sordening St  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Linda Audrey Henry

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

8. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 8 1947

8. AGE:	Years	Months	Days	It less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2 hrs. 30 min.</u>

9. Birthplace Cambridge, Maryland  
(Town, county, and state)10. Usual occupation none

## 11. Industry or business

12. Name Webster Phillip Henry13. Birthplace Dorchester Co., Md.14. Maiden name Mrs. Evelyn Moeck15. Birthplace Bridges Mills, Del.16. Informant Mr. Webster HenryAddress Cambridge, Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof 3/10/47  
(month) (day) (year)Cemetery or crematory Greenwood CemeteryLocation Cambridge, Md.18. Funeral director Kenrick R. ThomasAddress Cambridge, Md.19. 3/10 19 47 John Meece, Md.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 19 47, at 12:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 19 47 to March 9 19 47  
and that I last saw him/her alive on March 8 19 47Immediate cause of death Congenital defect in respiratory system  
Due to control

## DURATION

2 hoursDue to  
Other conditions Congenital Imperforation 2 1/2 hours in development of fetus  
(Include pregnancy within 3 months of death)Major findings of operations  
Date of op.Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?23. SIGNATURE Eldridge K. Wolford  
M. D. or other  
Address Cambridge, Md. Date signed 3-9-47



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MAR 13 1947  
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02768

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 238 Race St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Emile Hilscher,  
 4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced unknown

## 6.(b) Name of husband or wife

6.(c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) June 6-1874

8. AGE: Years 72 Months 9 Days 24 If less than one day hrs. min.

9. Birthplace Memphis, Tenn.  
 (Town, county, and state)

10. Usual occupation Laborer

## 11. Industry or business

12. Name unknown  
 13. Birthplace unknown  
 14. Maiden name unknown  
 15. Birthplace unknown

16. Informant Dorchester Co. Welfare Board

Address Cambridge

17. Burial Date thereof 4-1-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial

Location Cambridge, Md.

18. Funeral director Berneth K. Thomas

Address Cambridge, Md.

19. 4/3/ 19 47 John Macapson  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1947 at 9:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 28 19 47 to Mar 30 19 47 and that I last saw him alive on Mar 28 19 47

Immediate cause of death Cardiac failure DURATION 210.

Due to Starvation and arteriosclerotic CVD. ?

Due to arteriosclerotic CVD.

Other conditions Prostatic hypertrophy ?

(Include pregnancy within 8 months of death)

Major findings of operations none Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of none

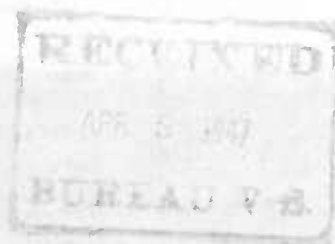
Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) none

Means of injury none Injured at work? none

23. SIGNATURE John Macapson M. D. or other

Address none Date signed none



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9321

## CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH  
County Torchester  
City or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State MD. County Torchester  
City or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME  
Yernow A Hitch

3. (b) Social Security Number

4. Sex Male 5. Color of race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 19 1880 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 66 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace MD  
(Town, county, and state)

10. Usual occupation Cashier of Bank

11. Industry or business

12. Name Alfred T. Hitch13. Birthplace MD14. Maiden name Carrie K Hackett15. Birthplace MD16. Informant Miss Lucie HitchAddress Vienna17. Burial, cremation, or removal, Which? Burial Date thereof Mar 21 1947Cemetery or crematory CemeteryLocation Vienna18. Funeral director F.B. WilloughbyAddress Hurlock19. March 21 1947 Elizabeth D. Beale Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18th 1947 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 9th 1947 to Mar 18 1947  
and that I last saw him alive on Mar 14 1947

Immediate cause of death Coronary Thrombosis DURATION immediat

Due to Chronic Myocarditis 1 yr?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W.E. Linnon MDAddress Federshtay MD M. D. or other \_\_\_\_\_Date signed 3/21/47

RECEIVED

MAR 22 1947

BUREAU V A

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

★ 02770

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

RFD # 3How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 3  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Sarah Matilda Hubbard

## 3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife William Dail  
Robert Preston Hubbard Died Sept. 1933

7. Birth date of deceased (mo., day, yr.) July 9, 1862

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>22</u>	<u>-</u> hrs. <u>-</u> min.

9. Birthplace RFD # 3, Cambridge, Maryland.  
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name John Seward13. Birthplace Maryland14. Maiden name Sarah Linda Bennett15. Birthplace Maryland16. Informant Mrs. Walter SpeddenAddress RFD # 3, Cambridge, Maryland.17. Burial Date thereof April 2, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Speddens CemeteryLocation James, Dor. Co., Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 4/21/47 John MacCabe MD  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1947 at L: A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10, 1947 to March 27, 1947 and that I last saw him alive on March 27, 1947Immediate cause of death Bronchopneumonia

DURATION

10 daysDue to -Due to -Other conditions Bronchitis Acute 1 week

(Include pregnancy within 8 months of death)

Major findings of operations -Date of op. -Autopsy results none made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of Injury -Injured at work? -23. SIGNATURE Hugh Brown MD M. D. or otherAddress Cambridge MD Date signed 4/1/47

RECEIVED

SEP 5 1947

B. H. A. P. O.

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (332)

## CERTIFICATE OF DEATH

Reg. Diat. No. 02771 116

1. PLACE OF DEATH: Dorchester  
 County.....  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....64 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Maryland County.....Dorchester  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....101 Church St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....none

3. (a) FULL NAME  
Walter B. Johnson

3. (b) Social Security Number  
214-07-7024

4. Sex.....Male 5. Color or race.....white 6.(a) Single, married, widowed, or divorced.....married  
 6.(b) Name of husband or wife.....Reta Fleming  
 6.(c) If alive, give age.....59 years  
 7. Birth date of deceased (mo., day, yr.).....March 1 - 1873

8. AGE: Years.....74 Months.....0 Days.....23 It less than one day..... hrs. .... min.

9. Birthplace.....Golden Hill, Md.  
 (Town, county, and state)

10. Usual occupation.....Banker

11. Industry or business.....

12. Name.....William T. Johnson  
 13. Birthplace.....Balto., Md.

14. Maiden name.....Marie Woodland  
 15. Birthplace.....Dor. Co.

16. Informant.....Mrs Reta Johnson  
 Address.....Cambridge, Md

17. Burial Date thereof.....2-27-1947  
 (Burial, cremation, or removal) (Which?) (month) (day) (year)

Cemetery or crematory.....Christ. Church  
Cambridge, Md.  
 Location.....

18. Funeral director.....Kenneth R. Thomas  
 Address.....Cambridge, Md

19. 3/27/47 John Macpherson  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 24 1947 at 4:15 P.  
 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
noon 1947 to Mar 24 1947  
 and that I last saw him alive on Mar 24 1947

Immediate cause of death.....Cerebral hemorrhage and cardiac failure (congestion)  
 Due to.....Hyper-tensive - Arterio-sclerotic C.V.D.

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury..... Injured at work?.....

23. SIGNATURE.....James H. Thompson M.D.  
 Address.....Cambridge, Md Date signed.....Mar 27, 47

RECEIVED

MAR 29 1947

BUREAU OF B

1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *107*

02772

### 1. PLACE OF DEATH:

County *Dorchester*

City or town *Cambridge Md. Route 1*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Dorchester*

City or town *Cambridge Route 1*  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

### 3. (b) Social Security Number

4. Sex *female* 5. Color or race *colored* 6. (a) Single, married, widowed, or divorced *single*

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) *March 19, 1947*

8. AGE: Years \_\_\_\_\_ Months *3* Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace *Cambridge Md. Route 1*  
(Town, county, and state)

10. Usual occupation *none*

11. Industry or business \_\_\_\_\_

12. Name *unknown*

13. Birthplace *unknown*

14. Maiden name *Rosie Jolley*

15. Birthplace *Bucktown, Dor. Co. Md.*

16. Informant *Charles Jolley*

Address *Cambridge RI Md.*

17. (Burial, cremation, or removal, Which?) *Burial* Date thereof *3/22/47*  
(month) (day) (year)

Cemetery or crematory *Cemetery*

Location *Cambridge Md. #2*

18. Funeral director *Charles Jolley*

Address *Cambridge Md #1*

19. (Date rec'd by registrar) *3/22/47* *John Mace md* Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *March 21* 19 *47* at *3:30 a.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*March 19 - 19 47* to *March 21 19 47*  
and that I last saw her *alive* on *March 20 19 47*

Immediate cause of death

*Bronchopneumonia (Primary)*

DURATION

*2 days*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE *Carroll M. St. Clair md*

M. D. or other

Address *Cambridge Md* Date signed *3-22-47*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 24 1947

BUREAU

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition of  
birthdate and age of de-  
ceased shown on -

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02773

FILM NO. G 109 APR 21 1947 CERTIFICATE OF DEATH 469

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 35 Years  
Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
How long in hospital or institution? 10 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 200 Willis St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

Eva M. Jones

## 3. (b) Social Security Number

217-10-8467

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 3, 1888

8. AGE: Years 58 Months Days If less than one day hrs. min.

9. Birthplace Toddville, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Shirt Factory

12. Name Willard Jones

13. Birthplace Md.

14. Maiden name Mary Todd

15. Birthplace Md.

16. Informant Mr. Willard R. Jones

Address 1808 N. Calvert St., Balti., Md.

17. Burial Date thereof April 3, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. (Date rec'd by registrar) 4/21/47 Registrar John Mace Jr. Md.

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1947 at 4<sup>10</sup> A. M.

21. I CERTIFY that death occurred on the date stated; that I attended deceased from March 12 1947 to March 31 1947 and that I last saw him/her alive on March 30 1947

Immediate cause of death Carcinoma head of pancreas DURATION unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

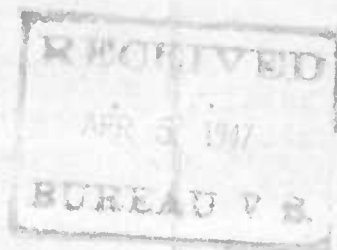
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanor M. D. or other

Address 136 Raw St. Date signed 3/31/47

Cambridge, Md.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02774

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County.....Dorchester  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 yrs., 10 months, 25 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 8 yrs., 10 mos., 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State.....Maryland County.....  
 City or town.....Baltimore City  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION) ☒  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

August Keiler

## 3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Single  
 6.(b) Name of husband or wife.....  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.).....January 5, 1858  
 8. AGE: Year.....89 Month.....2 Days.....28 If less than one day..... hrs. min.

9. Birthplace.....Germany  
 (Town, county, and state)  
 10. Usual occupation.....School teacher  
 11. Industry or business.....  
 12. Name.....Unknown  
 13. Birthplace.....  
 14. Maiden name.....Unknown  
 15. Birthplace.....

16. Informant.....Eastern Shore State Hospital Records  
 Address.....Cambridge, Maryland  
 17. Burial Date thereof.....4-2-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....Eastern Shore State Hospital  
 Location.....Cambridge, Md.  
 18. Funeral director.....Kenneth P. Thomas  
 Address.....Cambridge, Md.  
 19. 4/2/47 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 29, 1947 at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 4, 1938 to March 29, 1947  
 and that I last saw him alive on March 29, 1947

Immediate cause of death.....Arteriosclerotic - cardio-vascular disease  
 Due to.....Senility

Due to.....

Due to.....

Other conditions.....Manic Depressive Psychosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where the injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

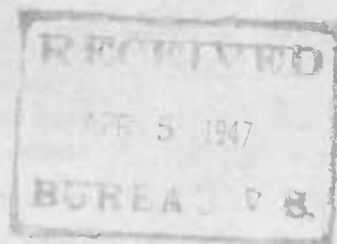
Manner of injury..... Injured at work?

23. SIGNATURE.....Robert E. Gardner M.D.

M. D. or other

Address..... Date signed.....





1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02775

Reg. Dist. No. 160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 years  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 14 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico  
 City or town Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Laws

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Mrs. Lucy Laws  
 6.(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) June 18, 1858

8. AGE: Years 88 Months 8 Days 14 less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Wango, Maryland  
 (Town, county, and state)

10. Usual occupation lumberman

11. Industry or business \_\_\_\_\_

FATHER 12. Name Wm. Levi Laws

13. Birthplace Wango, Maryland

MOTHER 14. Maiden name Mary Ann Fooks

15. Birthplace Wango, Maryland

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/6/47  
 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.

Address Salisbury, Md.

19. 3-6-47 (Date rec'd by registrar) 19. John Mace Jr Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH March 4 19 47, at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 19 33 to March 4 19 47 and that I last saw him alive on March 4 19 47

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

no coronary obstruction

Due to arteriosclerotic cardio  
vacular disease

Due to Senility 6 yrs.

Other conditions Manic

depressive psychosis  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

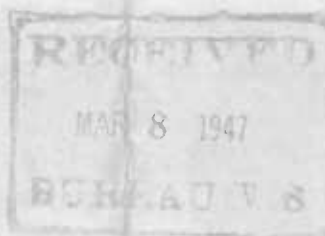
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE \_\_\_\_\_

Grace M. Branscombe M. D. or other \_\_\_\_\_

Address Cambridge, Maryland Date signed 3-4-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02776

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
119 Willis St.  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 119 Willis St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Gregory Allen MacSorley

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife -  
 6. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1947

8. AGE: Years - Months 2 Days 5 If less than one day - hrs. - min.

9. Birthplace Cambridge, Maryland.  
 (Town, county, and state)

10. Usual occupation -

11. Industry or business -

12. Name Clail MacSorley

13. Birthplace Maryland

14. Maiden name Florene Byrd

15. Birthplace Sanford, Florida.

16. Informant Mr. Clail MacSorley

Address Cambridge, Maryland.

17. Burial Date thereof Mar. 15, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Mar. 15, 1947 Registrar John MacSorley  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1947 at 8: A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from - to - and that I last saw him - alive on -

Immediate cause of death Bronchitis Acute DURATION 1 wk.

Due to -

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

Signature Dr. R. Shriver, Dep. Med. Exam.

Address Cambridge, Md. Date signed Mar. 15, 1947

RECEIVED

MAR 19 1947

BUREAU

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

## CERTIFICATE OF DEATH

Reg. Diat. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
City or town Taylor's Island  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State North Carolina County XCity or town Davidson  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

JOHN McGill.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife X7. Birth date of deceased (mo., day, yr.) X 6. (c) If alive, give age X years

8. AGE: Years Months Days If less than one day

18

10

6

hrs. min.

9. Birthplace Davidson, N. C.  
(Town, county, and state)10. Usual occupation X11. Industry or business X12. Name Myron W. McGill13. Birthplace Soddy, Tenn.14. Maiden name Mildred Burch15. Birthplace Chapel Hill, N. C.16. Informant J. M. Harry Bryant Co.Address Charlotte, N. C.17. Burial Date thereof 3/30/1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory FamilyLocation Davidson, N. C.18. Funeral director LeCompte Funeral Service.Address Cambridge, Md.19. 3/12/47 47 John McGill, Jr.  
(Date rec'd by registrar) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 19 47, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION

Due to DrowningDue to Automobile Accident

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operation \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Mar 28/47Where did injury occur? Taylor's Island, Dor. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Taylor's Island BridgeMeans of Injury Automobile Injured at work? yesSignature J. H. Shriver, Dep. Med. Exam. M. D. or otherAddress Cambridge, Md. Date signed Mar 28/47

RECEIVED

APR 2 1947

BUREAU V B

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

## CERTIFICATE OF DEATH

02778

Reg. Dist. No. 118

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Nr Sharptown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 years  
 Hospital, institution, or street address where death occurred:  
Seaford R.F.D.#3  
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Nr Sharptown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Seaford, Delaware, R.F.D.#3  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
Taylor Joseph Milligan

3. (b) Social Security Number  
219-143428

4. Sex Male 5. Married 6. (a) Single, married, widowed, or divorced  
 6. (b) Name of husband or wife Frances Marine  
 7. Birth date of deceased (mo., day, yr.) May 4, 1910  
 6. (c) If alive, give age 31 years  
 8. AGE: Years 36 Months 10 Days 22 If less than one day  
 .....hrs. ....min.

9. Birthplace Dorchester County, Md.  
 (Town, county, and state)  
 10. Usual occupation Farming  
 11. Industry or business X  
 12. Name Frank Milligan  
 13. Birthplace Maryland  
 14. Maiden name Sallie Taylor  
 15. Birthplace Maryland

16. Informant Frances M. Milligan  
 Address Seaford, Del./ R.F.D.#3

17. Burial Date thereof March 29, 1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Fireman's Cemetery  
 Location Sharptown, Maryland

18. Funeral director J. J. Fraughton and Son  
 Address Federalburg, Maryland

19. March 29, 47 H. L. Hastings  
 (Date rec'd by registrar) (Signature)  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 19 47, at 5-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
X 19 47, to X 19 47  
 and that I last saw him alive on X 19 47

Immediate cause of death Asphyxia  
 DURATION X

Due to Hanging X

Due to X

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op. ....

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Suicide Date of Mar. 26/47  
 Where did injury occur? Nr. Sharptown Dor. Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in barn at home  
 Means of injury Hanging Injured at work? no

23. SIGNATURE J. R. Shriver Dep. M. C. Mason  
 M. D. or other  
 Address Cambridge, Md. Date signed Mar. 26/47

RECEIVED

APR 9 1947

BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

02779

## 1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

CambridgeHow long in hospital or institution? 3 days

## 3. (a) FULL NAME

Bobby Boag

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

None

7. Birth date of

deceased (mo., day, yr.)

March 14<sup>th</sup> 1947

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

0031 hrs.

min.

9. Birthplace

Cambridge, Maryland  
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Ottis Washington Mills

13. Birthplace

Cambridge, Maryland

MOTHER

14. Maiden name

Gladye Elus Halliday

15. Birthplace

Cambridge, Md.

16. Informant

W. Ottis & W. Mills

Address

Madison, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3-18-47  
(month) (day) (year)

Cemetery or crematory

Joppa Churchyard

Location

Madison, Md.

18. Funeral director

L. C. Pyle's Funeral Service

Address

Cambridge, Md.

19.

(Date rec'd by registrar)

3/17/ 19 47John Mace Jr. md

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Madison  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 19 47 at 8<sup>00</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 14 19 47 to March 17 19 47and that I last saw him alive on March 16 19 47

Immediate cause of death

Congenital Heart Disease

DURATION

3 days

Due to

Due to

Other conditions Prematurity (9mo 361 lbs)

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. H. H. H.

Address

Cambridge, Md.Date signed 3-17-47

RECEIVED

MAR 19 1947

RECEIVED 3

1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

## CERTIFICATE OF DEATH

Reg. Dist. No. 02780 160

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 21 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 198 Belvedere  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

### 3. (a) FULL NAME

Earl W. Moore

### 3. (b) Social Security Number

214-07-7700

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Maudie Evans  
6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 17-1893

8. AGE: Years 53 Months 8 Days 20 If less than one day.....hrs. min.

9. Birthplace Elliott, Md.  
(Town, county, and state)

10. Usual occupation Grocery Store Manager

11. Industry or business

FATHER 12. Name Hermon W. Moore

13. Birthplace Md.

MOTHER 14. Maiden name Sarah Ewell

15. Birthplace Md.

16. Informant Mrs. Earl W. Moore

Address Belvedere ave

17. Burial Date thereof Mar-9-1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market

Location East New Market, Md.

18. Funeral director Kenneth L. Thomas

Address Cambridge, Md.

19. 3/9 19 47 John Macph.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 47 at 12:03 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 19 46 to Mar 7 19 47  
and that I last saw him alive on Mar 7 19 47

Immediate cause of death Cerebral hemorrhage DURATION 1 day

Due to Hypertension  
essential

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Mangano M. D. or other

Address 136 Race St. Date signed March 7 1947  
Cambridge

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 13 1947

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of  
date of death shown on  
film 8909-3/20/47-B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02781

 (93d)  
Reg. Dist. No. 116 0

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 45 years  
Hospital, institution, or street address where death occurred:  
315 Locust Cambridge Md. Hospital  
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 315 Locust  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

Margaret Walker Neal3. (b) Social Security Number  
none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow  
6.(b) Name of husband or wife Outerbridge Neal  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) 5/27/ 1868  
8. AGE: Years 78 Months 9 Days 5 It less than one day  
..... hrs. .... min.

9. Birthplace Wicomico County, Md.  
(Town, county, and state)  
10. Usual occupation housewife  
11. Industry or business home  
FATHER 12. Name Thomas Walker  
13. Birthplace Md.  
MOTHER 14. Maiden name Mary Garvenor  
15. Birthplace Md.

16. Informant Mrs. Mace Brohawn  
Address Cambridge, Md.

17. burial Date thereof 3/6.47.  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Greenlwn  
Location Cambridge, Md.

18. Funeral director Le Compte Funeral Service  
Address Cambridge, Md.

19. 3/6 47 John Mace Jr md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1947 at 9:28P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
..... 19..... to ..... 19.....  
and that I last saw h..... alive on ..... 19.....

Immediate cause of death Myocardial failure  
DURATION 1 week

Due to Arteriosclerosis  
Cardiovascular disease ?

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Mans of injury ..... Injured at work?

23. SIGNATURE John Mace Jr M.D.

M. D. or other  
Address Cambridge Md Date signed 2/5/47



RECEIVED

MAR 10 1947

BUREAU V. S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *93d*

## CERTIFICATE OF DEATH

Reg. Diat. No. *02782* *116*

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 mos. 15 ds.  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 7 mos. 15 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Upper Fairmount  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lorena Porter

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Artie Pppter  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Unknown  
 8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Upper Fairmount, Somerset Cy Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own home  
 12. Name Daniel W. Miles  
 13. Birthplace Fairmount Somerset Cy Maryland  
 14. Maiden name Lee Hall  
 15. Birthplace Kingston Md.

16. Informant Hospital Records  
 Address Cambridge, Maryland  
 17. Burial Date hereof 3/26/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Private Family  
 Location Upper Fairmount Md  
 18. Funeral director Harry B. Miles  
 Address Upper Fairmount, Md  
 19. 3/24/47 John Marshall  
 (Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 19 47 at 1.30A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8 19 46 to March 23 19 47  
 and that I last saw him ex alive on March 22 19 47  
 Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Broncho-Pneumonia; duration, two days  
Cause  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Arteriosclerotic cardio-vascular  
disease  
 (Include pregnancy within 1 month of death)  
Senile psychosis  
 Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE Robert E. Gardner M.D.  
 M. D. or other \_\_\_\_\_  
 Address Cambridge Md. Date signed 3/23/47

RECEIVED

MAR 27 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:  
County Worcester  
City or town Harlock  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Gar  
City or town Harlock  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2(a) If veteran, name war

3. (a) FULL NAME  
Charles Edward Ross

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 13 1865 8. (c) If alive, give age years

8. AGE: Years 81 Months 9 Days 1 If less than one day hrs. min.

9. Birthplace Virginia  
(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Charles E. Ross13. Birthplace Virginia14. Maiden name Sarah Hackley15. Birthplace Virginia16. Informant Robert PittsAddress Harlock17. Burial Date thereof Mar 23 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation Harlock18. Funeral director F. B. WilloughbyAddress Harlock19. March 23 1947 Charles Hastings

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 47 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 46 to March 21 19 47  
and that I last saw him alive on March 21 19 47

Immediate cause of death Crown Myocardial Degeneration

Due to General Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. Harrison MD M. D. or otherAddress Harlock MD Date signed 3/22/47

RECEIVED

MAR 27 1947

BUREAU

1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 16 Years  
 Hospital, institution, or street address where death occurred:  
RFD # 3  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD # 3  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war -

## 3. (a) FULL NAME

Florence May Schneck

## 3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Louis Schneck  
 6. (c) If alive, give age 68 years  
 7. Birth date of deceased (mo., day, yr.) Jan. 7, 1881  
 8. AGE: Years 66 Months 2 Days 1 If less than one day  
hrs. min.

9. Birthplace Castleton, Ontario, Canada.  
 (Town, county, and state)

10. Usual occupation -11. Industry or business -

FATHER 12. Name Daniel Bradd  
 13. Birthplace Ontario, Canada

MOTHER 14. Maiden name Jane Graham  
 15. Birthplace Not Known

16. Informant Mr. Louis Schneck  
 Address RFD # 3, Cambridge, Maryland.

17. Burial Date thereof Mar. 11, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Dorchester Memorial Park  
Cambridge, Maryland.  
 Location

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. 3/11 19 47 John M. ...  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 19 47 at 9:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/14 19 46 to 3/7 19 47  
 and that I last saw him alive on 3-7 19 47

Immediate cause of death Acute Coronary Occlusion DURATION 1 year

Due to Hypertensive Cardiovascular disease

Due to -Other conditions -

(Include pregnancy within 8 months of death)

Major findings of operations -Date of op. -Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

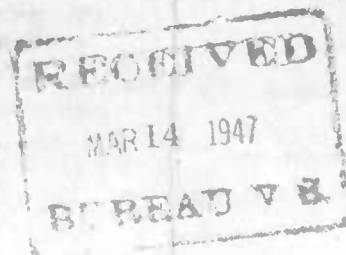
Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Hugh Brown MD M. D. or otherAddress Cambridge Date signed 3/10/47

MARGIN RESERVED FOR BINDING Brown

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02784



1-35-



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

## CERTIFICATE OF DEATH

Reg. Diat. No. 776

02785

## 1. PLACE OF DEATH:

County..... Dorches. ter  
 City or town..... Cambridge- rural near  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 1 mon 4 ds  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution?..... 1 mon 4 ds

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester  
 City or town..... Rural near Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(c) If veteran, name war.....

## 3. (a) FULL NAME

Bertha Seward

## 3. (b) Social Security Number

none

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married  
 6. (b) Name of husband or wife..... Hamilton Seward  
 6. (c) If alive, give age..... 75 years  
 7. Birth date of deceased (mo., day, yr.)..... October 3 1874

8. AGE: Years..... 72 Months..... 72 Days..... 5 If less than one day..... hrs. .... min.

9. Birthplace..... Dorchester County, Maryland  
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Own home

12. Name..... Wilson

13. Birthplace..... Unknown

14. Maiden name..... Unknown

15. Birthplace..... "

16. Informant..... Hospital Recprds

Address..... Cambridge, Maryland

17. Burial..... Date thereof..... Mar. 25, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Speddens Cemetery

Location..... James, Dor. Co., Maryland.

18. Funeral director..... LeCompte's Funeral Service

Address..... Cambridge, Maryland.

19. 3/25/47 1947 John Mace Jr MD  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 23 1947 at 11.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
February 19 1947 to March 23 1947  
 and that I last saw him..... er alive on March 23 1947

Immediate cause of death..... Carcinoma of head of pancreas

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Cambridge Md Date signed..... 3/23/47

RECEIVED

MAR 27 1947

RECEIVED

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

## CERTIFICATE OF DEATH

02786

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 46 years  
 Hospital, institution, or street address where death occurred:  
205 Choptank Ave.,  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 205 Choptank Ave.,  
 (if rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Irene Elizabeth Leonard Slacum3. (b) Social Security Number  
none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Walter Slacum  
 6. (c) If alive, give age 73 years  
 7. Birth date of deceased (mo., day, yr.) March 23, 1976  
 8. AGE: Years 71 Months 0 Days 1 If less than one day  
 hrs. min.

9. Birthplace James Island, Dorchester, Md.  
 (Town, county, and state)  
Housewife  
 10. Usual occupation  
 11. Industry or business home  
 FATHER 12. Name Levi B. Leonard  
 13. Birthplace Md.  
 MOTHER 14. Maiden name Lucy C. Shenton  
 15. Birthplace Md.

16. Informant J. Thomas Leonard  
 Address Cambridge, Maryland.  
 17. burial Date thereof 3/26/47.  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cambridge  
Cambridge, Md.  
 Location  
 18. Funeral director Le Compte Funeral Service  
 Address Cambridge, Md.

19. 3/25/47 19. 47 John Mace Jr. Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1947. at 8AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him ..... alive on ..... 19.....  
 Immediate cause of death Cerebral hemorrhage DURATION 1 day  
 Due to Hypertension 10 years  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE J. H. Shriver, Dep. Med. Exam. M. D. or other  
 Address Cambridge, Md. Date signed Mar 24/47

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MAR 27 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

## CERTIFICATE OF DEATH

02787

Reg. Dist. No. 162

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year 5 mos. 26 ds  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 1 year 5 mos. 26 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Laura Smith

3. (b) Social Security Number  
none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Alfred Smith  
 6. (c) If alive, give age 82 years  
 7. Birth date of deceased (mo., day, yr.) November 15 1873  
 8. AGE: Years 73 Months 3 Days 21 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Caroline County Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own home  
 12. Name John Spence  
 13. Birthplace unknown  
 14. Maiden name Anne Baker  
 15. Birthplace unknown

16. Informant Hospital Records  
 Address Cambridge, Maryland  
 17. Buried Date thereof 3-16-47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Denton Cemetery  
 Location Denton Md  
 18. Funeral director J. Philip Thomas  
 Address Denton Md  
 19. 3/10 47 John Macpherson  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 19 47 at 1.10am  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9 19 47 to March 8 19 47  
 and that I last saw him er alive on March 7 19 47

Immediate cause of death Cerebral and General Arteriosclerosis  
 DURATION \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Senile Psychosis  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE Grace M. Branscombe M. D. or other \_\_\_\_\_  
 Address Cambridge Date signed 3.8.47

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MAR 13 1947

BUREAU

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age in full. is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

02788

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Two Years  
 Hospital, institution, or street address where death occurred:  
RFD # 3  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD # 3  
 (If rural, give LOCATION)  
 2(a) If veteran, name war -

## 3. (a) FULL NAME

Laura Jane Tolson

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife William J. Tolson6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) June 2, 1858

8. AGE: Years 88 Months 9 Days 23 If less than one day  
 hrs. min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name George W. Rollins13. Birthplace Maryland14. Maiden name Eliza Harrod15. Birthplace Maryland16. Informant Mrs. George BennettAddress Cambridge, RFD # 3, Maryland17. Burial Date thereof Mar. 27, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Speddens CemeteryLocation James, Dor. Co., Maryland18. Funeral director LECompte's Funeral ServiceAddress Cambridge, Maryland.19. 3/29/47 John Macleod, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1947 at 11:45 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from March 5, 1947 to March 25, 1947  
 and that I last saw him alive on March 24, 1947

Immediate cause of death Myocardial Failure DURATION 3 days

Due to ArteriosclerosisDue to ArteriosclerosisDue to ArteriosclerosisOther conditions -

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE John Macleod, M.D. M.D. or otherAddress Cambridge, Md. Date signed 3/26/47



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 02789 116

<b>1. PLACE OF DEATH:</b> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>0</u> Hospital, institution, or street address where death occurred: <u>101 Washington St.</u> How long in hospital or institution?..... <u>X</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (Rural) (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>R.F.D.#3</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>William Vincent</u>				<b>3. (b) Social Security Number</b>			
<b>4. Sex</b> <u>male</u>		<b>5. Color or race</b> <u>colored</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>single</u>			
<b>6. (b) Name of husband or wife</b> ..... <u>X</u>				<b>6. (c) If alive, give age</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>about 1877</u>				<b>8. AGE:</b> Years Months Days If less than one day <u>about 70</u> <u>X</u> <u>X</u> ..... hrs. .... min.			
<b>8. Birthplace</b> ..... <u>Georgia</u> (Town, county, and state)				<b>10. Usual occupation</b> ..... <u>Laborer</u>			
<b>11. Industry or business</b> <u>Farm</u>				<b>12. Name</b> ..... <u>unknown</u>			
<b>13. Birthplace</b> ..... <u>X</u>				<b>14. Maiden name</b> ..... <u>unknown</u>			
<b>15. Birthplace</b> ..... <u>X</u>				<b>16. Informant</b> <u>Otis Green</u> Address..... <u>101 Washington St. - Cambridge.</u>			
<b>17. (Burial, cremation, or removal, Which?)</b> <u>Buried</u> Date thereof..... <u>3/28/47</u> (month) (day) (year) Cemetery or crematory..... <u>Mount Airy</u> Location..... <u>Cambridge, Md.</u>				<b>18. Funeral director</b> <u>Leuro H. Bayne</u> Address..... <u>Cambridge, Md.</u>			
<b>19. (Date rec'd by registrar)</b> <u>3/29/47</u>				<b>20. DATE OF DEATH</b> ..... <u>March 22</u> ..... 19 <u>47</u> ..... <u>about 8 P.</u>			
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>X</u> ..... 19..... to..... <u>X</u> ..... 19..... and that I last saw him..... alive on..... <u>X</u> ..... 19..... Immediate cause of death..... <u>Disease of Coronary Arteries</u> ..... <u>X</u> Due to..... <u>X</u> Due to..... <u>X</u> Other conditions..... <u>X</u> (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... <u>X</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.							
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State) Injured at home, farm, industry, public place (where?)..... Means of Injury..... Injured at work?..... Signature..... <u>Dr. K. Shriver, Dep. Med. Exam.</u> M. D. or other..... Address..... <u>Cambridge, Md.</u> ..... Date signed..... <u>Mar. 23/47</u>							

Registrar

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

02790

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rhodesdale Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rhodesdale  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Josephine Walker

## 3. (b) Social Security Number

4. Sex F 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Thomas Walker7. Birth date of deceased (mo., day, yr.) 46 years 8 months 1900 6. (c) If alive, give age..... years8. AGE: Years 46 Months 8 Days ..... If less than one day ..... hrs. .... min.9. Birthplace Wicomico County, Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Abe Bird  
 13. Birthplace Wicomico County, Md.  
 14. Maiden name Carrie Bird  
 15. Birthplace Wicomico County, Md.

16. Informant Burial  
Address17. (Burial, cremation, or removal, which?) Burial Date thereof 3/28/47  
(month) (day) (year)Cemetery or crematory Beulah CemeteryLocation Cambridge, Md.18. Funeral director Levin H. ByrnesAddress Cambridge, Md.19. 3/29/47 19 47 John Macgregor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 19 47 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 21 19 47 to Mar 27 19 47  
 and that I last saw h. at alive on Mar 22 19 47

Immediate cause of death Coronary Occlusion

DURATION

2 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H. S. Fuhlman M. D. or otherAddress Thurston Date signed 3/24/47

CERTIFICATE OF DEATH

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MAR 29 1947

BUREAU 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 1166

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 62 Years  
 Hospital, institution, or street address where death occurred:  
RFD # 3  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD # 3  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Leon Alexander Warrington

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Eva Wheatley 6. (c) If alive, give age 53 years  
 7. Birth date of deceased (mo., day, yr.) May 10, 1889  
 8. AGE: Years 57 Months 2 Days 10 If less than one day  
 hrs. min.  
 9. Birthplace Royal Oak, Maryland.  
 (Town, county, and state)  
 10. Usual occupation Farmer-Merchant  
 11. Industry or business Dirt-Mercantile  
 FATHER  
 12. Name Franklin L. Warrington  
 13. Birthplace Maryland  
 MOTHER  
 14. Maiden name Jennie Mowbray  
 15. Birthplace Maryland

16. Informant Mrs. Leon Warrington  
 Address RFD # 3, Cambridge, Maryland.  
 17. Burial Date thereof Mar. 14, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Greenlawn Cemetery  
 Location Cambridge, Maryland.  
 18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. 3/14/47 John Mace Jr. md  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1947 at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1946 to 3/13, 1947  
 and that I last saw him alive on 3/13, 1947  
 Immediate cause of death Cerebral Apoplexy

DURATION  
8 months  
 Due to Idiopathic Hypertension  
 Due to -  
 Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings of operations none Date of op. -  
 Autopsy results none made  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:  
 Accident, suicide, or homicide - Date of -  
 Where did injury occur? - (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) -  
 Means of injury - Injured at work? -

23. SIGNATURE Hugh Brown MD M. D. or other  
 Address Cambridge Md. Date signed 3/13/47

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MAR 18 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1642)

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

02792

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rhodesdale - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Brookview - Rhodesdale Road  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rhodesdale - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Brookview - Rhodesdale Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Edgar K. Heatley

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Mauda Heatley  
 6.(c) If alive, give age 53 years  
 7. Birth date of deceased (mo., day, yr.) January 10, 1893  
 8. AGE: Years 54 Months 2 Days 14 If less than one day ..... hrs. .... min.

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business Farm

FATHER 12. Name Benjamin Heatley  
 13. Birthplace Dorchester County, Maryland  
 MOTHER 14. Maiden name Martha Shueke  
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Mauda Heatley  
 Address Rhodesdale, Maryland, R.F.D.

17. Burial Date thereof March 27, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory East New Market Cemetery  
 Location East New Market, Maryland

18. Funeral director J.J. Frumpton & Son  
 Address Federalburg, Maryland

19. March 27, 1947 Registrar Charles Hartman  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1947, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw him ..... alive on ..... 19.....

Immediate cause of death ..... DURATION

SuffocationHanging

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Mar. 24/47Where did injury occur? Rhodesdale - Dor. Mod  
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) at homeMeans of injury Hanging Injured at work? No

J.D. K. Shriver, Dep. Med. Exam.

23. SIGNATURE .....

M. D. or other

Address Cambridge - Md Date signed Mar. 24/47

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MAR 29 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

## CERTIFICATE OF DEATH

Reg. Dist. No. 1162

02793

## 1. PLACE OF DEATH

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Park Lane  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William Wilson

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

col

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

7 7 1865

## 8. AGE:

82

Years

7

Months

Days

If less than one day

..... hrs. .... min.

## 9. Birthplace

Dorchester Co Md  
(Town, county, and state)

## 10. Usual occupation

labour

## 11. Industry or business

## FATHER

## 12. Name

Unknown

## 13. Birthplace

Unknown

## MOTHER

## 14. Maiden name

Unknown

## 15. Birthplace

Unknown

## 16. Informant

James SaundersAddress 13 Park Lane Cambridge17. Burial  
(Burial, cremation, or removal. Which?)Date thereof Mar 12, '47  
(month) (day) (year)

## Cemetery or crematory

Waucho Cemetery

## Location

Cambridge Md

## 18. Funeral director

W. M. Blair & Son

## Address

Cambridge Md

## 19. (Date rec'd by registrar)

3/13/47John Pace & Md  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 19 47 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 20 19 47 to March 10 19 47  
and that I last saw him alive on March 9 19 47

Immediate cause of death

Cerebral Hemorrhage

## DURATION

18 days

Due to

Sen Hypertension18 min

Due to

Other conditions

Blindness15 yrCh. Myocarditis  
(Include pregnancy within 3 months of death)2 yr

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? .....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Correll M. A. Blair MD  
M. D. or otherAddress John Pace & Md Date signed 4-13-47

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MAR 18 1947  
BUREAU V S

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1350

## CERTIFICATE OF DEATH

Reg. Dist. No. 02798

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 mo.

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 1 mo.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Martin M. Wright

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

malewhitewidowed6. (b) Name of husband or wife Mary Rebecca Williams

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) December 19, 18698. AGE: Years Months Days It less than one day  
77 2 14 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Caroline County  
(Town, county, and state)10. Usual occupation storekeeper

11. Industry or business

12. Name Tabin Wright13. Birthplace Caroline Co.14. Maiden name unknown

15. Birthplace

16. Informant Eastern Shore State Hospital recordsAddress Cambridge, Maryland17. Burial Date thereof March 7, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director E. Ellis ClarkAddress Easton, Md.19. 3/6 47 N. L. Nevins  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 19 47 8:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
February 3 19 47 to March 4 19 47  
and that I last saw him alive on March 4 19 47

Immediate cause of death \_\_\_\_\_ DURATION

Uremia \_\_\_\_\_Due to arteriosclerotic  
cardiorenal diseaseDue to senility

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_ Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Grace M. Branscombe M. D. or otherAddress Cambridge, Maryland Date signed 3-4-47

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MAR 13 1947

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